



Michael E. DeBakey Veterans Affairs Medical Center



VA Pride

Vol. 5 No. 5 An Information Guide for the Veterans We Serve in Southeast Texas September/October 2006

Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas

Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Galveston VA Outpatient Clinic • Texas City VA Outpatient Clinic

VA Receives Award for Cutting-Edge Electronic Patient Health Record System

WASHINGTON, D.C. – The VA's model system of electronic health records, developed with extensive involvement of front-line health care providers, has won the prestigious "Innovations in American Government Award." The annual award, sponsored by Harvard University's Ash Institute for Democratic Governance and Innovation at the Kennedy School of Government and administered in partnership with the Council for Excellence in Government, honors excellence and creativity in the public sector.

Outside of VA, because patient records are not readily available, one out of seven Americans ends up hospitalized when outpatient care is all that is required. For the same reason, one out of five lab tests is needlessly repeated outside the VA system. And while the costs of health care continue to soar for most Americans, the VA is reducing costs, reducing errors, and becoming the model for what modern health care management and delivery should look like.

VA's complete adoption of electronic health records and performance measures has resulted in high-quality, low-cost health care with high patient satisfaction. A recent RAND study found that VA outperforms all other sectors of American health care across a spectrum of 294 measures of quality in disease prevention and treatment. For six straight years, VA has led private sector health care in the independent American Customer Satisfaction Index.

Electronic health records also provide numerous other benefits in cost, quality and access to care. The cost of maintaining the system is \$80 per patient per year, less than the cost of one unnecessarily repeated lab test. In the last 10 years, VistA's efficiencies have offset cost increases associated with a 100 percent increase in the number of veterans receiving VA care.

For example, VistA has helped VA save 6,000 lives by improving rates of pneumonia vaccination

(continued on page 4)

All veterans enrolled in the VA health care system are strongly encouraged to replace their old cards before July 2007 . . .

Mandatory Replacement of Prior Versions of Veteran and Patient Identification Cards

HOUSTON - In order to reduce veteran vulnerability to identity theft and to demonstrate VA's commitment to securing the confidential personal information of enrolled veterans, all VA medical facilities, including the Michael E. DeBakey VA Medical Center (MEDVAMC), are replacing prior versions of veteran and patient identification cards with a new, more secure one. This new card eliminates the sensitive identifying information printed on the front of the other cards.

The VA provides a Veteran Identification Card (VIC) for veterans to use at VA medical facilities. The VIC is issued only to veterans who are eligible for VA medical benefits and only for the purpose of identification and check-in for VA medical appointments.

Prior versions of veteran and patient identification cards display information such as a veteran's full social security number and date of birth. This is considered to be an unwarranted risk for veterans receiving health care services from VA.

(continued on page 4)



Above, U.S. Army veteran Sebrina Felder-Onnuemene verifies the information on her new Veteran Identification Card with Fred Gray, MEDVAMC program support clerk. "I think the new identification card at the VA is a great idea because it is more secure. My personal information, like my social security number, is no longer there for everyone to see," said Felder-Onnuemene.

New Outpatient Pharmacy Check-In System Enhances Services for Veterans

HOUSTON – In May, the Outpatient Pharmacy at the Michael E. DeBakey VA Medical Center (MEDVAMC) held the grand opening of its new check-in system and expanded waiting area.

Prior to the renovation, veterans stood in line at the pharmacy check-in window waiting for services. Now, veterans are greeted by a MEDVAMC volunteer or pharmacy staff member who explains the new check-in procedure. The new Outpatient Pharmacy has three check-in windows, a pick-up window, and a wheelchair check-in/pick-up window.

Veterans who have not discussed their prescriptions with their physician or clinic staff pharmacist "take a number" from the number dispenser and wait to be called. Once called, the veteran sits down, one-on-one, in a private booth with a pharmacist to discuss their prescriptions and drug therapy. Here again, veterans are advised to let their health care provider know about any herbal or over-the-counter medications

they are taking.

"I think this new check-in procedure is much more efficient. I wish it had been in place a long time ago," said veteran David Rogers.

During the check-in process, veterans have the opportunity to ask questions about the medications they are taking, possible drug interactions, foods to avoid with certain medications, and when and how to take new medications. Pharmacists are able to help veterans manage their drug therapies and identify critical medications needing specific patient education.

"This is one way for pharmacists to address patient health issues in an area that affords both privacy and comfort. It also allows veterans to drop-off and pick-up their prescriptions in one central and convenient location," said Normalinda Salinas, R.Ph., Outpatient Pharmacy supervisor.

Wheelchair veterans continue to

(continued on page 5)

Inside This Edition

Word from the Director	
"Houston VA Continues Response to Last Year's Hurricanes"	2
Houston First VA to Fit Patient with Bionic Foot	2
Don't Be a No-Show	3
Free Glaucoma Screening	3
Facts About Diabetes	3
VA Exploring Effectiveness of Bipolar Medications	4
VA Diabetes Study	4
Support Group Listing	5
Strategies to Stop Snacking	6
New Device Speeds Emergency Evacuation of Patients	6
Answers about Travel Pay	7
Free Parkinson's Disease Forum: Music Therapy	7
Questions from Veterans	8

Special Event:
POW/MIA Day
Ceremony
Sept. 15, 2006, 10 a.m.
MEDVAMC
4th Floor Auditorium
(713) 794-7349

Cutting-edge prosthetic device launched through Department of Defense and Department of Veterans Affairs . . .

Houston First VA to Fit Patient with Bionic Foot

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) recently became the first VA medical center to fit a patient with the Proprio “Bionic” Foot™, just weeks after Brooke Army Medical Center in San Antonio and Walter Reed Army Medical Center in Washington, D.C. This technologically advanced prosthesis thinks for itself, responding automatically to changing terrain, stairs, slopes, and level-ground walking as needed.

“This prosthetic device contains cutting-edge bionic technology that incorporates sensors and artificial intelligence to identify slopes and the ascent or descent of stairs after the first step, and instructs the ankle to flex appropriately. Users can place the foot fully on a step when climbing or descending stairs and it will automatically adapt its ankle position to take the next step,” said Mark Benveniste, R.N., B.S., C.P., MEDVAMC certified prosthetist. “This battery-powered, computer-controlled foot allows the forefoot to move upward in mid-swing to clear the ground, acting as your ankle when required.”

This anatomically correct response creates a more symmetrical and balanced gait, reducing the need to ‘hip hike’ when walking or compromise stability. The device’s active ankle motion allows users to tuck both feet back behind their knees when getting up from a chair or sitting down so it is not necessary to load the entire body weight on the sound limb. It also points the ‘toe’ down for a more natural appearance once seated.

“Despite its sophisticated technology, this prosthesis has an extremely user-friendly design and is easy to set up and operate. During a simple calibration process, the device evaluates and memorizes an individual’s unique gait pattern. Plus, heel height can be easily adjusted at any time without compromising alignment,” said Richard Nelson, C.O., B.O.C./P.O., MEDVAMC

Orthotic Laboratory chief.

VA health care specialists have access to the latest technologies. These include microprocessor components such as the RHEO knee, Adaptive knee, and the C-Leg. These computer-controlled rheomagnetic, pneumatic, and hydraulic systems are regulated by internal feedback. Sensors in the pylon and the knee itself send information such as toe load, knee angle, and other information to an onboard microprocessor.

“It is important for the Michael E. DeBakey VA Medical Center to offer our veterans a wide variety of advanced products. Our goal is to increase mobility and improve quality of life for a greater range of amputees than ever before,” Angela Bishop, MEDVAMC Prosthetic Treatment Center chief.

No less important than new prosthetic technology is the overall care an amputee receives during rehabilitation. The model for that care has changed over the years to improve services to VA patients. The goal is not only to teach amputees to walk or use an artificial arm and hand, but to integrate body, mind, and machine. Continuing care and long-term support from VA multi-disciplinary teams have shown that patients often can improve their functioning months or years after their injuries or amputation.

In the past, most VA prosthetic patients lost limbs in combat. Today’s typical patient is a middle-aged male who suffered an amputation due to vascular disease. In the future, VA expects to provide prostheses to veterans of the wars in Iraq and Afghanistan.

“Veterans at the Michael E. DeBakey VA Medical Center continue to benefit from the latest scientific advances in health care and the newest technology available on the market today,” said Phyllis J. Smith, M.B.A., MEDVAMC Clinical Support Service Line executive. ♦



Photo by Traci Barde, MEDVAMC Public Affairs Specialist

U.S. Marine veteran Al Perdew checks in with Mark Benveniste, R.N., B.S., C.P., MEDVAMC certified prosthetist during a follow-up appointment. Perdew is the first patient in the VA health care system to be fitted with the Proprio “Bionic” Foot™, a technologically advanced prosthesis that thinks for itself, responding automatically to changing terrain, stairs, slopes, and level-ground walking as needed. “This device has broadened my abilities tremendously and given me so many more opportunities in life. I am back on my feet again,” said Perdew.

A Word from the Director . . .

Houston VA Continues Response to Last Year’s Hurricanes

HOUSTON - One year ago, the Michael E. DeBakey VA Medical Center was engaged in the relief and recovery efforts from the devastation and destruction of Hurricanes Katrina and Rita. Our efforts did not stop at the end of last year’s hurricane season.

The VA Medical Center in New Orleans has been closed since Katrina. The decision has been made to build a new hospital, but that will take a number of years to accomplish. As a result, we hosted over 300 New Orleans VA employees while they made difficult decisions about their lives, families, homes, and careers. More than 100 have decided to join our staff permanently and we are proud to have them as members of our team.

Many of the Louisiana residents who relocated to Houston are veterans. We are committed to continue to offer them the same quality health care we provide to all veterans. In addition, veterans from across the Gulf Coast who would



Edgar L. Tucker, Medical Center Director

normally have been referred to the New Orleans VAMC for care are now coming to the Michael E. DeBakey VA Medical Center for specialty care.

To meet these increasing needs, as well as the continued growth in southeast Texas, we have expanded our surgical, cardiology, and radiation therapy services. We also added a fifth Primary Care Team and are moving forward to open a new Community Based Outpatient Clinic in Conroe, Texas in the near future.

We will pause briefly to reflect on the agonizing legacy left by Katrina and Rita for the people of the Gulf Coast; then resume the hard work of meeting the health care needs of our veterans, including those brought to us by the storms. ♦

Refill Your Prescriptions Online

It’s fast, easy, convenient, and secure!

Visit
www.myhealth.va.gov
on the
Internet and
register today.



If you cannot keep a scheduled appointment, we ask that you cancel at least 24 hours in advance so we may offer your appointment to another veteran.

Don't Be a No-Show for Your Next VA Appointment!

HOUSTON - If you are already enrolled in the VA health care system and need to make, cancel, or reschedule an appointment at the Michael E. DeBakey VA Medical Center (MEDVAMC), call the VA Network Telecare Center at (713) 794-8985 or *toll free* 1 (800) 639-5137. Our Telecare Center is open 24 hours a day, seven days a week, including holidays.

As demand for our services continues to grow, it is more important than ever for you to keep your scheduled appointments. If you cannot keep a scheduled appointment, we ask that you cancel at least 24 hours in advance so we may offer your appointment to another veteran.

Keeping scheduled appointments ensures your continued access to care and medications from the MEDVAMC. Failure to keep appointments may result in your removal from your primary care provider's panel of patients and cancellation of specialty care consultations. If you are taking certain medications requiring continuous medical monitoring, missing appointments may force your health care provider to cancel your refills. Please don't be a "No Show."

If you cannot remember when your next appointment is or have not received an appointment letter from the MEDVAMC, call the Appointment

Information Hotline at (713) 794-7648 or toll-free 1 (800) 454-1062. This automated system will ask for your social security number and then tell you all the MEDVAMC appointments you have scheduled in the next 90 days.

Several departments at the MEDVAMC schedule their own appointments. After you have received a consult from your health care provider, these clinics may be reached using the following telephone numbers:

- MRI**
(713) 794-7808
- Substance Dependence**
(713) 794-7900
- X-Ray**
(713) 791-1414, ext. 4516
- Spinal Cord Injury Clinic**
(713) 794-7057
- Trauma Recovery Program**
(713) 794-8700
- Geropsychiatry**
(713) 794-8709
- Pacemaker**
(713) 794-7300
- Cardiology**
(713) 794-7300
- Urology Clinic**
(713) 791-1414, ext. 6424

If you have medical questions or concerns and cannot wait until your next appointment, call the VA Network



Photo by Bobbie D. Gower, MEDVAMC Public Affairs Officer

Lisa Jean Cole, PA-C, MEDVAMC physician assistant answers Air Force veteran and former Prisoner of War Benjamin Muller's questions during a follow-up appointment. If you cannot keep a scheduled VA medical appointment, we ask that you cancel at least 24 hours in advance so we can offer your appointment to another veteran.

Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. All telephone calls are answered by health care professionals who are experienced in telephone assessment of medical situations and crisis intervention. The staff is trained

to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments. ♦

Facts You Should Know about Diabetes

HOUSTON - Diabetes is an illness that affects a large number of people. According to the National Institutes of Health, an estimated 20.8 million people in the United States (seven percent of the population) have this serious, lifelong condition. Of those, 14.6 million have been diagnosed, and 6.2 million have not yet been diagnosed.

It occurs when you have too much glucose, or sugar, in your blood. Signs of early diabetes include increased thirst and urination, unexplained weight loss, blurred vision, numbness or tingling in the hands or feet, and/or poor wound healing. Diabetes is not contagious. People cannot "catch" it from each other.

Uncontrolled, diabetes over time can cause poor circulation, infections that can be hard to treat, nerve damage, blindness, kidney damage, and heart disease that can lead to death.

If you have diabetes in your family or suspect that you might have symptoms of diabetes, please talk with your health care provider at the Michael E. DeBakey VA Medical Center (MEDVAMC) about a Blood Glucose Test.

The Blood Glucose Test is a laboratory test that tells exactly how much glucose, or sugar, you have in your blood when it is drawn.

Normal Blood Glucose levels should be between 70 and 110. Another test used to measure the glucose level in the blood is a Glycosylated Hemoglobin Test (HgbA1C). This test is used to check how much glucose has been in

your bloodstream over the past two months, and is useful to check how well your diabetes has been controlled with treatment.

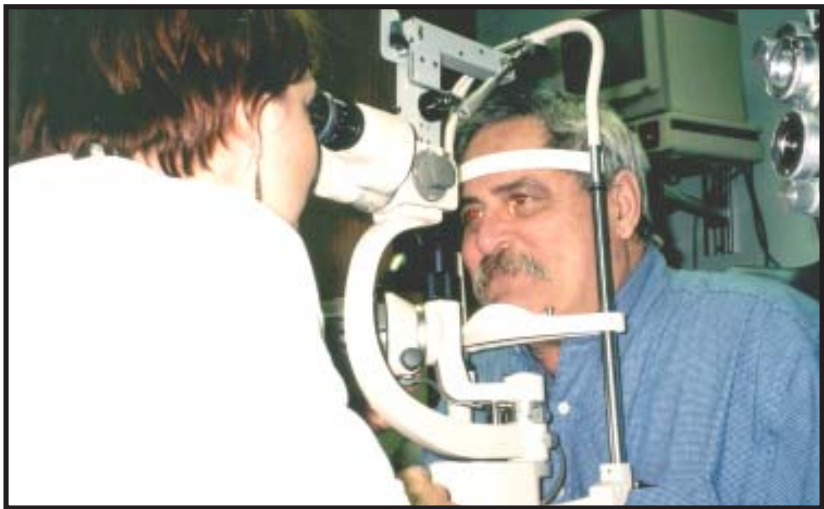
Diabetic patients are advised to use very good foot care. Although it can hurt, diabetic nerve damage can also lessen your ability to feel pain, heat, and cold. Loss of feeling often means you may not feel a foot injury. You could have a tack or stone in your shoe and walk on it all day without knowing. You could get a blister and not feel it. You might not notice a foot injury until the skin breaks down and becomes infected. People with diabetes are far more likely to have a foot or leg amputated than other people.

As a diabetic, you, or someone you know, should check your feet every day for any sores or redness. You should report foot problems immediately to your doctor, wear properly fitting shoes, and never go barefoot. Once a year, diabetic patients should also have their MEDVAMC health care provider check their feet.

Diabetic eye exams should be done by an eye doctor every year and any time you notice your vision getting worse.

Medication such as pills and/or insulin may be needed to lower your blood glucose level, but the most important treatment for diabetes is a proper diet, adjusted to your body needs and activity level. Talk with your MEDVAMC health care provider for advice. You may want to call or visit your Primary Care clinic to speak with a registered dietitian for additional advice. ♦

Don't Lose Sight of Glaucoma



Free Glaucoma Screening

Eye Clinic (1st Floor, MEDVAMC)

Friday, September 22, 2006

1-3:30 p.m.

Open to Veterans & Family Members
Who is at Risk?

Nearly 3 million people have glaucoma, a leading cause of blindness in the United States.

- ✓ People over the age of 45.
- ✓ People who have a family history of glaucoma.
- ✓ People with abnormally high intraocular pressure.
- ✓ People of African descent.
- ✓ People who have diabetes; nearsightedness; regular, long-term steroid/cortisone use; or previous eye injury.

For More Information, call (713) 794-7146.

VA Electronic Patient Records

(continued from page 1)

among veterans with emphysema, cutting pneumonia hospitalizations in half and reducing costs by \$40 million per year. Patient waiting times have declined while customer service improved, and access to care has increased because of on-line availability of health information.

In addition to saving money, VistA saves lives and ensures continuity of care even under the most extreme circumstances. Many of the thousands of residents who fled the Gulf Coast because of Hurricane Katrina left behind vital health records.

Records for the 40,000 veterans in the area were almost immediately available to clinicians across the country. Veterans were able to resume their treatments, refill their prescriptions, and get the care they needed because their medical records were immediately accessible to providers at other VA facilities.

VistA is one of seven government initiatives chosen from 1,000 applications to receive this year's Innovations awards. Because the programs are models for government's capacity to do good, and do it well, the grant specifically supports sharing of program information with other organizations.

For additional information about this award and detailed information about VA's Computerized Patient Record System (electronic patient medical record), Bar Code Medication Administration, and VistA Imaging (radiology), visit www.innovations.va.gov. ♦

You may qualify for a VA-approved study on diabetes . . .

Are You at Risk for Diabetes?

HOUSTON - If you are overweight, do not exercise regularly, and have a family history of diabetes, you are at a greater risk of developing diabetes. Millions of Americans have pre-diabetes and don't know it.

If pre-diabetes is detected early, it may be possible to prevent or delay the onset of diabetes. Diabetes is a serious disease that requires dietary and lifestyle changes. Medication may help. If poorly managed, the disease may lead to negative health consequences and increased hospitalizations.

You may qualify for a VA-approved study on diabetes if you are between the ages of 35-75, not currently diagnosed with diabetes, 20 pounds or more overweight, African American or Hispanic or related to someone with diabetes.

For more information, contact Emilia Cordero, MS, RN, ANP-C, MEDVAMC Research Coordinator at (713) 791-1414, ext. 4665. ♦

Get Your New and Improved Veteran Identification Card Today!

(continued from page 1)

The new VIC contains a one inch by one inch color photo; the veteran's name (not embossed); a barcode; and service connected, former Prisoner of War, and/or Purple Heart identifiers as applicable. No other personal information is visible on the card. The barcode and magnetic strip on the card contains information so VA health care providers can access the patient's medical record in VA's Computerized Patient Record System.

Use and distribution of the new VIC actually began a few years ago, but there was no requirement for VA facilities or veterans to replace the older cards until now. All veterans enrolled in the VA health care system are strongly encouraged to replace their old cards before July 2007.

Veterans receiving care at the MEDVAMC are able to replace their old cards by stopping by the VIC Room in the Admissions Area near the Emergency Room in Houston, or the check-in desks at the outpatient clinics in Lufkin, Beaumont, Texas City, and Galveston. A clerk at these locations will take the veteran's photograph and the new VIC will be mailed to the veteran in seven to 10 days. Veterans are strongly encouraged to update their contact information including home address and telephone numbers at this time.

For more information about the new VIC card, contact the MEDVAMC Eligibility and Enrollment Office at (713) 794-7288 or visit the VA's Eligibility Web site at www.va.gov/healtheligibility. ♦

FRONT OF NEW CARD:



BACK OF NEW CARD:



Houston VA Exploring Effectiveness of Bipolar Disorder Medications

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is one of only six sites in the United States, and the only VA facility, conducting a clinical research study funded by the National Institute of Mental Health to compare the effectiveness and side effects of two widely used medications for bipolar disorder. The study focuses on individuals, both veterans and non-veterans, over the age of 60 who are currently experiencing an elevated mood and who meet study eligibility criteria.

Bipolar disorder, also known as manic-depressive illness, is a brain disorder causing unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. The periods of highs and lows are called episodes of mania and depression.

Signs and symptoms of mania include unrealistic beliefs in one's abilities and powers; poor judgment; abuse of drugs, particularly cocaine, alcohol, and sleeping medications; and provocative, intrusive, or aggressive behavior. A depressive episode may be characterized by feelings of hopelessness or pessimism; difficulty concentrating,

remembering, or making decisions; restlessness or irritability; chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury; and thoughts of death or suicide.

"Bipolar disorder can result in damaged relationships, poor job performance, and even suicide. But there is good news. Bipolar disorder can be treated, and people with this illness can lead full and productive lives," said Rayan Al Jurdi, M.D., MEDVAMC psychiatrist.

The two drugs being examined in this study are lithium and valproate. Lithium, the first mood-stabilizing medication approved by the U.S. Food and Drug Administration (FDA) for treatment of mania, is often very effective in controlling mania and preventing the recurrence of both manic and depressive episodes. Valproate, an anticonvulsant medication approved by the FDA in 1995 for the treatment of mania, can have mood-stabilizing effects and may be especially useful for difficult-to-treat bipolar episodes. This study is the first effort by clinicians to compare the effectiveness and side effects of these two widely prescribed bipolar medications among the elderly.

"With aging, many people with bipolar disorder continue to experience

mood swings and a significant number develop symptoms for the first time. Although effective treatments exist, many times these problems may remain undiagnosed, untreated, or undertreated in the elderly population. With this study, our goal is to provide guidelines for safe management and adequate treatment of this illness among elderly patients," said Mark E. Kunik, M.D., M.P.H., MEDVAMC psychiatrist.

In addition to this clinical study, VA researchers are establishing a database of individuals of all ages with bipolar disorder to facilitate future studies. Interested persons will be asked to sign a consent form and supply basic demographic information in order for researchers to contact them about upcoming studies. Kunik and Al Jurdi are collaborating with Lauren Marangell, M.D., founder and director of the Mood Disorders Research Center at Baylor College of Medicine.

This research study has been approved by the Baylor College of Medicine Investigative Review Board. Participants will be compensated for their time and travel. For a free, confidential bipolar screening or more information, call the MEDVAMC at (713) 791-1414, ext. 2247. ♦

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Are You an Active Member of Your Health Care Team?

WASHINGTON, D.C. - In 1998, the Department of Veterans Affairs (VA) created the National Center for Patient Safety (NCPS) to lead and integrate patient safety efforts for the department. VA has successfully made patient safety part of its culture and made use of technology to minimize adverse medical events. VA sets the bar for patient safety and has been recognized nationally for its achievements. But patients also play a vital role in their safety.

VA's NCPS offers the following tips on how people should work with their provider to improve patient safety:

✓ When you receive a prescription, make sure you know what the medication is for and what possible side effects it might have.

✓ Make sure your doctor knows what allergies or adverse reactions you have had to past medicines.

✓ If you have a test, do not assume no news is good news. Ask about the results. If something does not seem right, call it to the attention of your doctor.

✓ Make sure your doctor knows about all medications you are taking. This includes prescription, over-the-counter medications, and dietary supplements such as vitamins and herbs.

✓ Write down questions for the doctor prior to the appointment and consider bringing a friend or family member with you. It is your health. If you have questions, ask them. You are an important member of your health care team. ♦

New Device Speeds Emergency Evacuation of VA Hospital Patients



Staff members from Nursing Unit 4B at the Michael E. DeBakey VA Medical Center participate in a training exercise for the Evacusled emergency patient evacuation device. From left, Mary Hudson, RN, Gloria Berry, LVN, and Diana Hughes, RN. Tina Hall, RN poses as the patient. Once deployed, the Evacusled cocoons the patient and mattress together along with any IV bags, oxygen tanks, and other life support devices.

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) recently installed emergency evacuation devices on its inpatient beds for non-ambulatory patients.

Using the “Evacusled,” MEDVAMC staff members can now quickly and easily move patients down stairwells, through corridors, and out of the building to safety. With hurricane season here again, this gives patients and staff added peace of mind.

The Evacusled, which looks like a large banana peel, is placed directly under the mattress of a patient's bed and is easily accessible by a trained staff member. Once deployed, the Evacusled cocoons the patient and mattress together along with any IV bags, oxygen tanks, and other life support devices. The apparatus, which has 25 casters on the bottom, is slid off the bed frame with the mattress and patient. The entire process only takes moments and the

patient remains safe, warm, and comfortable.

“Our nursing staff was very apprehensive about this new device until they participated in training and demonstrations. It's easy to use the Evacusled and only takes a short training period to learn. Now, the nurses comment on how easy deployment and evacuation will be in an emergency situation,” said Kim Henderson, MEDVAMC safety specialist.

The Evacusled device incorporates built-in protection for a patient's head and spine during evacuation. Through its engineering design, the risk of back injuries for staff members is reduced as patients are pulled and not lifted from danger as compared to older methods of evacuation. Because patients remain close to the ground, exposure to smoke or other toxins is also minimized.

“The great thing about the Evacusled is how easy it is to work with. It will allow us to better utilize our nursing resources because it takes only one nurse to prepare a patient for evacuation. In an emergency situation, saving lives matters most,” said Aiza LeBron, R.N., Neurology/Rehabilitation Unit nurse manager.

“This new technology will be a very effective means of evacuation and will make the jobs of our first responders easier. The level of preparedness by staff here will be higher and more efficient during an emergency. The Michael E. DeBakey VA Medical Center delivers high quality health care to our veterans and this new device is just another improvement,” said Henderson. ♦ *Fran Burke, MEDVAMC Public Affairs Officer*

Strategies to Stop Snacking and Start Eating Healthier

HOUSTON - Snacking is a common behavior that can quickly lead to weight gain. Often, foods we consider to be snack items are unhealthy for us. These foods are usually high in calories, fat, salt, and sugar. Additionally, uncontrolled snacking may result in the displacement of other, more nutritious foods in our diet.

Eat 3 Meals A Day

The most important thing to do to prevent snacking is eat three balanced meals a day. This will help you to stay full and avoid situations where you are hungry and tempted to overeat on snacks. Scheduling meals at the same time everyday will help train your body to not expect snacks. Also, choosing fiber containing foods as part of your meals will help to keep you feeling full. Aim for 25 to 30 grams of fiber per day.

Don't Skip Meals

Once you are on a schedule of three meals a day, do not miss a meal. Skipping a meal will most likely result in eating a large snack that will end up replacing the normal meal.

Listen to Your Body

Learn to learn to listen to your body for signs of hunger and fullness. If you feel the need to snack, step back and

think before taking that first bite. Are you really hungry? It may be snacking is a behavior you are using to satisfy a feeling other than hunger, such as stress, boredom, anger, sadness, tiredness, nervousness, or loneliness.

Stop Snacks at the Door

Avoid snacking by not allowing snack-type foods in your home. Seeing these foods in your pantry may make you think you are hungry even when you are not.

Make a Plan

To keep yourself from snacking, make a plan of an activity you can do to take your mind off food. What are you going to do when you feel like snacking? Some examples of activities include going for a walk, reading an interesting book, or taking a nap if you are tired. Watching television may not be the best idea because the focus of many television commercials is food, usually snack food. The goal of your activity is to stop you from thinking about food.

Drink Water

Lastly, drink plenty of water; at least eight glasses per day (64 total fluid ounces). This may also help you to keep that feeling of fullness between meals. Besides, water transports nutrients and



Veteran R. B. Tabor and his wife, Mattie, discuss the benefits of healthy eating with MEDVAMC Dietetic Intern Alicia Merritt. The most important thing to do to prevent snacking is eat three balanced meals a day.

oxygen to your body cells and carries waste products away.

More Information

For more information about healthy eating, call the Michael E. DeBakey VA

Medical Center Nutrition Clinic at (713) 791-1414, ext. 4295 or visit www.healthierus.gov or www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/behavior.htm. ♦ *Alicia Merritt, MEDVAMC Dietetic Intern*

7 Questions Veterans Ask About VA Travel Pay

HOUSTON - Beneficiary Travel Pay is one VA benefit many veterans have questions about. Here are the answers to the seven most popular questions asked of the Michael E. DeBakey VA Medical Center Patient Travel Office. If you have other questions, contact them at (713) 794-7630.

Question: Are veterans who travel together all entitled to Beneficiary Travel Pay reimbursement? What about those veterans who take the Disabled American Veterans (DAV) system or other “free” transportation?

Answer: Beneficiary Travel Pay is authorized in order to help offset a veteran’s actual expenses in traveling to VA for health care or treatment. Should one or more veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses; therefore, is the only person entitled to travel reimbursement. However, should multiple veterans share a vehicle such as a taxi where they all must pay, then all are entitled to travel reimbursement. Reimbursement cannot exceed actual expenses in such cases. Veterans who take non-pay trans-portion such DAV transportation, VA Network transportation systems, or other no-cost city, state, or area systems are not incurring an expense; and therefore, not entitled to Beneficiary Travel Pay reimbursement.

Question: Who is eligible for Beneficiary Travel Pay?

Answer: The following veterans are eligible for Beneficiary Travel Pay: 1) Veterans rated 30 percent or more service-connected who are traveling for any condition; 2) Veterans rated less than 30 percent, traveling for conditions relating to their service-connected condition; 3) Veterans receiving VA pension benefits for all conditions; 4) Veterans with annual income below the maximum applicable annual rate of pension for all conditions; and 5) Veterans traveling in relation to a Compensation and Pension (C&P) examination.

Question: How long do veterans’ have to submit a claim for travel?

Answer: In accordance with Section II b of VA Form 3542, “Authorization to Report - Voucher for Mileage Allowance” claims for reimbursement for travel expenses must be received by the VA within 30 days of completion of travel or are forfeit.

Question: What are current mileage rates for travel? Why are rates different for veterans and VA employees?

Answer: VA currently reimburses 11 cents per mile for all veteran travel, including C&P exams. When VA determines a deficiency exists in relation to a C&P exam (i.e., need to repeat a lab test, x-ray, incomplete exam, or through no fault of the veteran), the reimbursement is 17 cents per mile. Mileage rates for veterans and VA employees are determined under separate authorities and take different criteria under account.

Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (CFR) 17.143-145 are authorities for Beneficiary Travel Pay. 41 CFR Chapter 301 provides guidance for employee travel.

Question: Is the \$18 per month deductible for each facility or does it pertain to travel to all VA facilities for health care? Who is required to pay the deductible?

Answer: The \$18 is the total monthly deductible amount for travel to all VA facilities. Should a veteran travel to multiple VA facilities and notes this when applying for Beneficiary Travel Pay reimbursement, it is incumbent upon the facility providing the care and the reimbursement to contact any other VA facilities to determine if the deductible has been met. The only exemptions to the deductible are: 1) Veterans traveling in conjunction with a C&P examination; and 2) Non-veteran donors. All other eligible veterans, including those receiving care for service-connected conditions, are required to have the deductible applied.

Question: With the price of gas increasing, the mileage rate does not cover expenses. Is the mileage rate going to change?

Answer: Beneficiary Travel Pay is a discretionary program. Money for provision of Beneficiary Travel Pay

comes directly from the yearly health care appropriation for VA from the U.S. Congress. Therefore, any money used for Beneficiary Travel Pay directly impacts the money available for direct patient care.

The VA Secretary is required to perform a yearly evaluation in order to determine whether VA has sufficient funds to continue to provide veteran transportation and if any rate changes should occur. VA spent approximately \$172 million in FY 2003 for Beneficiary Travel Pay. A recent evaluation indicated raising the mileage rates 5 cents would increase travel costs at least another \$24 million per year. Due to the recent rapid increase in veteran patient workload, the VA Secretary has decided to maintain the current rates of reimbursement and not decrease funds available for direct medical care.

Question: Does the VA pay Beneficiary Travel Pay to veterans using a Post Office box?

Answer: Beneficiary Travel Pay is intended to assist veterans with

transportation from their place of residence to the VA health care facility providing the needed medical care. Because of required implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), veterans now have the option of having their official mail sent to any place they choose. However, this does not imply Beneficiary Travel Pay should be paid to that point. Similarly, a veteran’s home address could be in another state, but he or she is currently in another part of the country. Beneficiary Travel Pay should not necessarily be paid from the distant address.

In order to determine appropriate travel reimbursement, it is necessary for a veteran to establish a current place of residence. If there is any question about the address, a veteran may be asked to provide a bill or some other document establishing his or her address. The VA is only authorized to provide travel to the closest VA facility that can provide the required care, not necessarily to where the veteran chooses to seek care or treatment. ♦



The Michael E. DeBakey Veterans Affairs Medical Center Parkinson’s Disease Research, Education & Clinical Center presents:

“Free Parkinson’s Disease Patient & Family Forum: Music Therapy”

WHEN: Friday, September 8, 2006, 10 - 11:45 a.m.

WHERE: 4th Floor Auditorium, Michael E. DeBakey VA Medical Center
2002 Holcombe Blvd., Houston, Texas 77030
Free valet parking is available.

WHAT: The Michael E. DeBakey Veterans Affairs Medical Center Parkinson’s Disease Research, Education & Clinical Center (PADRECC) presents a free educational program and forum for veterans, family members, and friends: “Music Therapy and Parkinson’s Disease.” The guest speaker is Anne K. Daleiden, MT-BC, NMT, Neurologic Music Therapist, Methodist Neurological Institute. A question and answer session with MEDVAMC neurologists will follow.

CONTACT: For more information, please call Naomi Nelson, Ph.D., R.N. at (713) 794-8938.

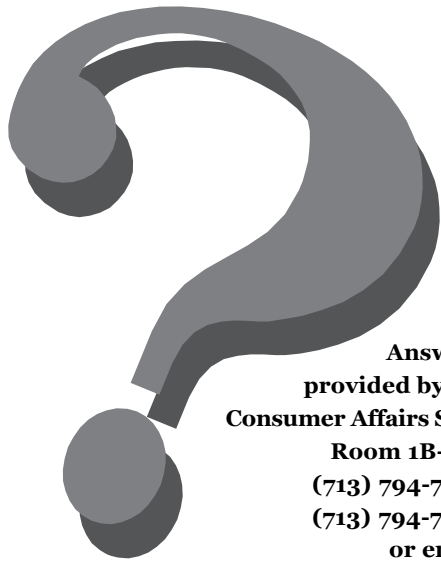
INFO: The Department of Veterans Affairs (VA) took a major step toward improving patient care and pursuing a cure for Parkinson’s disease by establishing six Parkinson’s Disease Research, Education and Clinical Centers (PADRECCs), one at the Michael E. DeBakey VA Medical Center in Houston.

Operating as a national consortium, each PADRECC conducts research covering basic biomedicine, rehabilitation, health services delivery, and clinical trials. Each is participating in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson’s disease.

The National Parkinson Foundation, Inc. estimates that up to 1.5 million Americans have Parkinson’s disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 40,000 Parkinson’s disease patients every year.



Parkinson's Disease
Research,
Education &
Clinical Center
Michael E. DeBakey
VA Medical Center



**Answers
provided by the
Consumer Affairs Staff
Room 1B-270
(713) 794-7883
(713) 794-7884
or email
vhahougeneralquestions@med.va.gov**
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Question: Is there a way to screen myself for mental health issues without anyone knowing?
Answer: The stress of overseas deployment and combat can be a breeding ground for mental health problems, but a negative stigma often keeps military men and women from getting professional help. Now, there’s a new way troops can seek help anonymously. The Pentagon has launched a new Web site at <https://www.militarymentalhealth.org> that allows members of the military and their spouses to screen themselves for mental illness - everything from post traumatic stress syndrome to bipolar disorder.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans’ health care?
Answer: Send an e-mail to bobbigruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the “In the News” symbol.

Question: Is there usually a long wait for care at the Emergency Room?
Answer: The MEDVAMC Emergency Room (ER) functions under an Emergent Care Triage Protocol System. This means critical cases such as cardiac emergencies, pneumonia, and difficulty breathing are seen before non-critical ones – no matter when a patient came in. This may result in very long waits for patients with non-life threatening illnesses such as colds, ingrown toenails, rashes, minor cuts, prescription refills, or minor illness that have been present for several days.

The ER is not designed to serve as a primary care provider for patients. Patients are assigned a Primary Care Team at the MEDVAMC to ensure continuity of care. Primary Care providers are supported by a team of nurses, clerks, social workers, dieticians, pharmacists, and other skilled professionals to assure patients receive well-coordinated medical care. If you have not been assigned a Primary Care Team, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

Question: Where do I get more information about advance directives and living wills?
Answer: The VA has advance directive forms that include both the Living Will and Durable Power of Attorney for Health Care directives that are honored in any VA setting. The physician, nurse, or social worker caring for you can answer many of the questions that you have. Information may also be obtained by calling: Chaplain Service at (713) 794-7125; Consumer Affairs at (713) 794-7883; or the Chairman of the Ethics Committee at (713) 794-7011.

The VA forms are not honored in community (non-VA) hospitals or clinics, which require that an advance directive

be executed under state law. Since the “rules” vary from state-to-state, the Choice in Dying organization will provide a copy of state-specific advance directives free to anyone who contacts them. Their address is Choice in Dying, 200 Varick Street, New York, NY 10014. Their telephone number is 1 (800) 989-9455 (WILL).
Your state health department, local hospitals, or state bar also may be able to provide you with state specific advance directives. You may wish to consult your lawyer about advance directives and drawing up a durable power of attorney for health care or a living will and a regular will that conform to the laws in your state.

Question: How can I get more information about the Fisher House?
Answer: You may contact the Fisher House Manager, Frank Kelley, at (713) 794-8095 or by e-mail at frank.kelley@med.va.gov.

Question: I am trying to lose weight. Can the VA help?
Answer: The VA has several programs to help veterans loose weight. The Managing Obesity of Veterans Everywhere (M.O.V.E.) program is free for all veterans, spouses, and MEDVAMC employees. It consists of a three to four class intensive, goal-oriented weight loss program that educates participants about nutrition, behavioral changes, and physical activity. Weight Management, Diabetes, Hypertension, and Hyperlipidemia Classes teach detailed nutrition information about specific health issues.

Individual counseling sessions are available in the MEDVAMC Nutrition Outpatient Clinic. These one-on-one individual nutrition education sessions concentrate on specific health issues. If

you are interested in participating in any of these programs, contact Deborah Patterson, MEDVAMC Clinical Nutrition Section chief at (714) 791-1414, ext. 5427.
Question: I am a recently discharged veteran with service in a theater of combat operations, can the VA provide me with health care?
Answer: Yes. The VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status. If you require assistance, contact Fern Taylor, MEDVAMC OEF/OIF Coordinator at (713) 794-7034.

Question: How can I find out about working for the VA?
Answer: The VA has information about employment opportunities, benefits, and how to apply for a job at its Web site www.va.gov/jobs. Information about working for the other agencies in the federal government can be found at www.usajobs.opm.gov.

Question: How do I amend my DD-214 because it is incorrect?
Answer: Instructions for changing/correcting your military service record or changing your discharge status can be found at the National Archives Web site: www.archives.gov/veterans/military-service-records/correcting-records.html. You can also call 1-800-318-5298.
If you need to change your discharge status, you will generally need to submit DD Form 293, Application for the Review of Discharge or Dismissal from the Armed Forces of the United States to the relevant service branch (branch addresses are provided on the form). To obtain this form, go to www.dtic.mil/nhs/directives/infomgt/forms/eforms/dd0293.pdf.

Important VA Telephone Numbers	
Michael E. DeBakey VA Medical Center Main Line	(713) 791-1414 or toll-free 1-800-553-2278
VA Network Telecare Center	(713) 794-8985 or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550 or toll-free 1-800-833-7734
Charles Wilson VA Outpatient Clinic (Lufkin)	(936) 637-1342 or toll-free 1-800-209-3120
Galveston VA Outpatient Clinic	(409) 741-0256 or toll-free 1-800-310-5001
Texas City VA Outpatient Clinic	(409) 986-1129 or toll-free 1-800-310-5001
Pharmacy Refills	(713) 794-7648 or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
VA Police	(713) 794-7106
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston/Galveston/Texas City	(713)794-7884
Beaumont	1-800-833-7734 extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551



Michael E. DeBakey VA Medical Center’s

POW/MIA Day Ceremony

Honoring Our Nation’s
Former Prisoners of War
And Those Missing In Action

September 15, 2006 – 10 a.m., 4th Floor Auditorium

**Keynote Speaker: Claude D. Clower, Commander
U.S. Navy (Ret.), Former Prisoner of War, Vietnam**

Born and raised in Mississippi, Doug Clower earned two engineering degrees from Lamar University and a master’s degree from the Naval Post Graduate School. In his 20 years in the U.S. Navy, Clower flew mostly F4 Phantoms and F8 Crusaders, and accumulated approximately 900 carrier landings including 200 night landings. On November 19, 1967, he was shot down near Haiphong, North Vietnam and spent 5½ years as a Prisoner of War. Clower spent time in Son Tay and the Hanoi Hilton, and was senior ranking officer for five of those years. During his military career, Clower received 34 medals including two Silver Stars, the Legion of Merit, the Distinguished Flying Cross, five Bronze Stars, and the Purple Heart. Now retired from 27 years in the oil and gas engineering and construction business, Clower and his wife, Maurine, live in Bleiberville, Texas.

Photo: Clower providing
encouragement to his fellow
Prisoners of War at the Hanoi Hilton.

